

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>PHYLLIS SCHLAFLY'S EAGLE PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625285
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>ForAmerica</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address <b>PO Box 497</b>		Amount <b>2500.00</b>
City <b>Clifton</b>	State <b>VA</b>	Zip Code <b>20124</b>
Purpose of Expenditure <b>Social media advertising buy running 11/4 - 11/8</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.4161</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>ForAmerica</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>
Mailing Address <b>PO Box 497</b>		Amount <b>28000.00</b>
City <b>Clifton</b>	State <b>VA</b>	Zip Code <b>20124</b>
Purpose of Expenditure <b>Social media advertising buy for ads running 11/5 - 11/8 - estimate</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.4163</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>30500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>30500.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martin, Ed, ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature